Health Insurance, Healthcare Utilisation and Screening

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3 Health Insurance and Healthcare Utilisation and Screening

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Key Findings

- 38% of the population aged 54 years and older had a full medical or GP visit card, 35% had private health insurance (but no medical card or GP visit card), while another 18% had a medical card and private health insurance ('dual cover'), and 10% had neither a full medical card, GP visit card nor private health insurance.
- In the older population aged 70-79 years, the proportion covered by a full medical or GP visit card has declined since 2012, while private health insurance cover has increased.
- Of those with private health insurance, 1 in 5 had policies that provide some reimbursement for GP visits.
- VHI Healthcare was the dominant provider of private health insurance for the older population. The typical private health insurance policy in the TILDA cohort covered two people at a premium of €1,446 per person.
- Four percent of the older population in Ireland with private health insurance in Wave 1 had cancelled their private health insurance policy by Wave 3. Cost was the main reason (80%) cited for cancelling private health insurance.
- 91% of adults aged 54 years and older in Ireland had visited their GP at least once in the past year. While 18% visited the emergency department (ED). This has increased slightly from wave 1.
- Over one quarter of the older population (27%) are taking 5 or more medications (polypharmacy) and this had not changed since 2012.
- In general, the use of health screening services such as flu vaccination and cholesterol testing increases with age.
- Uptake of health screening was more common in targeted age groups of national screening programmes including mammogram checks for women aged 54-64 years (BreastCheck) and prostate screening, faecal occult tests and colonoscopies in men aged 65-69 years.

3.1 Introduction

The use of healthcare services is determined primarily by health need. However, financial and other barriers to access (e.g. geographic location) can be important in explaining patterns of healthcare utilisation across the population. Countries differ in the extent to which they provide public coverage for healthcare services (1), but Ireland is unusual in not providing universal access to primary care services (i.e. access to the full population without user fees) (2, 3). This chapter reports on the healthcare utilisation of the older population in Ireland aged 54 years and over at Wave 3 of TILDA (n=6,425). This includes 6,396 respondents who had previously taken part in either Wave 1 or Wave 2 and 29 new respondents to Wave 3. Chapter 8 details the construction of population weights which are used in the analysis to ensure that the data is representative of the population concerned. The chapter begins with a focus on current patterns of entitlement for public healthcare services followed by an analysis of the utilisation of various healthcare services (including medications), and concludes with details on screening programmes.

3.2 Healthcare Entitlement Status

Currently, there are two main categories of eligibility to public health services in Ireland. Those in Category I (full medical cardholders) are entitled to free public health services (including inpatient and outpatient hospital care, General Practitioner (GP) care and other primary and community care services), but must pay a co-payment of €2.50 per prescription item, up to a maximum of €25 per family per month. Those in Category II are entitled to subsidised public hospital services, but must pay the full cost of GP services, other primary and community care and prescription medicines. In 2010, the average cost of a GP consultation was estimated at €51 (4). In October 2005, the GP visit card was introduced; GP visit cardholders have the same entitlements to free GP care as Category I individuals, but the same entitlements to all other public health services (including prescription medicines) as Category II individuals. GPs in Ireland act as gatekeepers for secondary care, and the same GPs treat both Category I and II patients.

Eligibility for a full medical card or a GP visit card is assessed primarily on the basis of an income means test, with higher income thresholds applying for older individuals. In certain cases, individuals who are otherwise ineligible for a full medical/GP visit card may be granted a card on a ‘discretionary’ basis, if they have particular health needs which would cause them undue financial hardship. The income thresholds for the GP visit card are 50% higher than for a full medical card. See Table 3.A1 in the Appendix for the current income guidelines for assessment of medical and GP visit card eligibility. Since the summer of

2015, all children under 6 years of age, and adults aged 70 years and over, are now entitled automatically to a GP visit card, regardless of income. Interview data for Wave 3 of TILDA was collected from March 2014 to October 2015.

All individuals in Ireland may also take out private health insurance (PHI). Currently, nearly half of the overall population have PHI (44% of total population in 2015 (5)), which mainly provides cover for private or semi-private acute hospital services (which may be delivered in public hospitals), but which increasingly offers partial reimbursement of certain primary care expenses (e.g. GP visits, routine dental care, physiotherapy, etc.). Full medical card and GP visit cardholders may take out PHI if they wish (termed 'dual' cover), and many older people do so (see also Section 3.3).

For the purpose of our analysis, we define four mutually exclusive groups that characterize the older population in terms of coverage for public healthcare services. The 'medical card only' group includes those with a full medical or GP visit card (we do not analyse GP visit cardholders separately as they represent just 4% of the TILDA population). The 'dual cover' group includes those with both a full medical or GP visit card and PHI. Those who have PHI but not a full medical or GP visit card are represented by the 'PHI only' group, while those with neither a full medical card, GP visit card nor PHI are termed the 'no cover' group (although in practice they are entitled to many public healthcare services at subsidised rates, e.g., public hospital services).

Table 3.1 details the type of healthcare cover by age group for the population in Ireland aged 54 years and older at Wave 3. Looking first at the total population aged 54 years and older in Wave 3 (2014, last row of Table 3.1), 38% of the population had a medical card only, while another 18% had a medical card and PHI ('dual cover'), 35% had PHI only and 10% had 'no cover'. Healthcare entitlement status varies by age, with a higher proportion of those in the older age groups having a medical card or 'dual cover'; for example, while 33% of the 54-59 year old age group have a medical card, 91% of those aged 80 years and older have a medical card. While medical card coverage increases with age, PHI cover peaks in the 65-69 age group and then declines with increasing age. These patterns have remained similar over the past four years.

Table 3.1: Healthcare cover by age group for adults aged 54 years and older in Ireland (Wave 3), by age group

	Not covered		Private health insurance only		Medical card only*		Dual cover		All medical cards†		All private health insurance†		Number in sample
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	
54-59	17.8	(15.5-20.3)	49.7	(46.4-53.0)	27.7	(24.9-30.6)	4.8	(3.7-6.4)	32.5	(29.7-35.5)	54.6	(51.2-57.9)	1,548
60-64	15.7	(13.3-18.5)	44.1	(40.6-47.7)	33.7	(30.4-37.2)	6.5	(5.2-8.1)	40.3	(36.9-43.7)	50.6	(46.9-54.3)	1,295
65-69	7.5	(5.9-9.6)	42.5	(39.0-46.1)	35.8	(32.4-39.3)	14.2	(12.1-16.5)	50.0	(46.5-53.6)	56.7	(53.1-60.2)	1,180
70-79	1.3	(0.9-2.0)	14.0	(12.2-16.0)	44.5	(41.3-47.7)	40.2	(37.1-43.4)	84.8	(82.8-86.6)	54.2	(51.0-57.4)	1,615
80+	0.6	(0.2-1.6)	8.4	(6.4-10.9)	57.7	(53.6-61.7)	33.3	(29.8-37.0)	91.3	(88.6-93.3)	41.7	(37.7-45.8)	782
Total	10.0	(9.0-11.2)	34.5	(32.7-36.4)	37.6	(35.7-39.5)	17.9	(16.7-19.2)	55.6	(53.7-57.4)	52.4	(50.4-54.5)	6,420

* Medical card only and All medical cards categories include individuals with a GP visit card, 4% of the population.

† All medical card category includes those with dual PHI coverage. Similarly the All private health insurance category includes those who also have a medical card.

We investigated how the healthcare entitlement status of the older population in Ireland has changed since 2012 (Wave 2). In general the healthcare eligibility of the older population has remained broadly similar across time with the only change being an increase in medical card holders from 52% at Wave 2 to 56% at Wave 3. However, these overall figures mask considerable differences over time across the different age groups, particularly in those aged 65 years and over. The proportion of older adults aged 65 years and over covered by a full medical card or General Practice (GP) visit card has decline four percentage points from 79% to 75% while PHI has increased for the same age group by 5 percentage points from 47% to 52%. Looking more at smaller age groups, among the population aged 70-79 years, the proportion with medical card cover declined from 89% in 2012 (Wave 2) to 85% in 2014 (Wave 3). This decline was coupled with an increase in PHI cover most notably in those aged 80 years and older which increased from 34% at Wave 2 to 42% at Wave 3. The changes in medical card cover among the over 70s probably reflects changes in the income guidelines for medical card and GP visit card eligibility that were introduced in both 2013 and 2014 (i.e. the income thresholds were reduced).

Another way of looking at changes over time in healthcare entitlement status is to focus on respondents who took part in TILDA at Wave 2 and Wave 3, and to examine how they moved between different entitlement groups over this two-year period. Table 3.2 shows the total proportions in each eligibility group at Wave 2 (second column) and Wave 3 (last row). Most respondents did not change their healthcare entitlement status between waves; for example, 95% of those with a medical card only in 2012 also had a medical card only in 2014 and 90% of those with ‘PHI only’ in Wave 2 also had ‘PHI only’ in Wave 3. There is relatively more movement in the ‘dual cover’ and ‘no cover’ categories, although in both these groups approximately three quarters of older adults stayed in the same healthcare entitlement category in Wave 2 and Wave 3.

Table 3.2: Changes in healthcare cover in the older population between 2012 and 2014

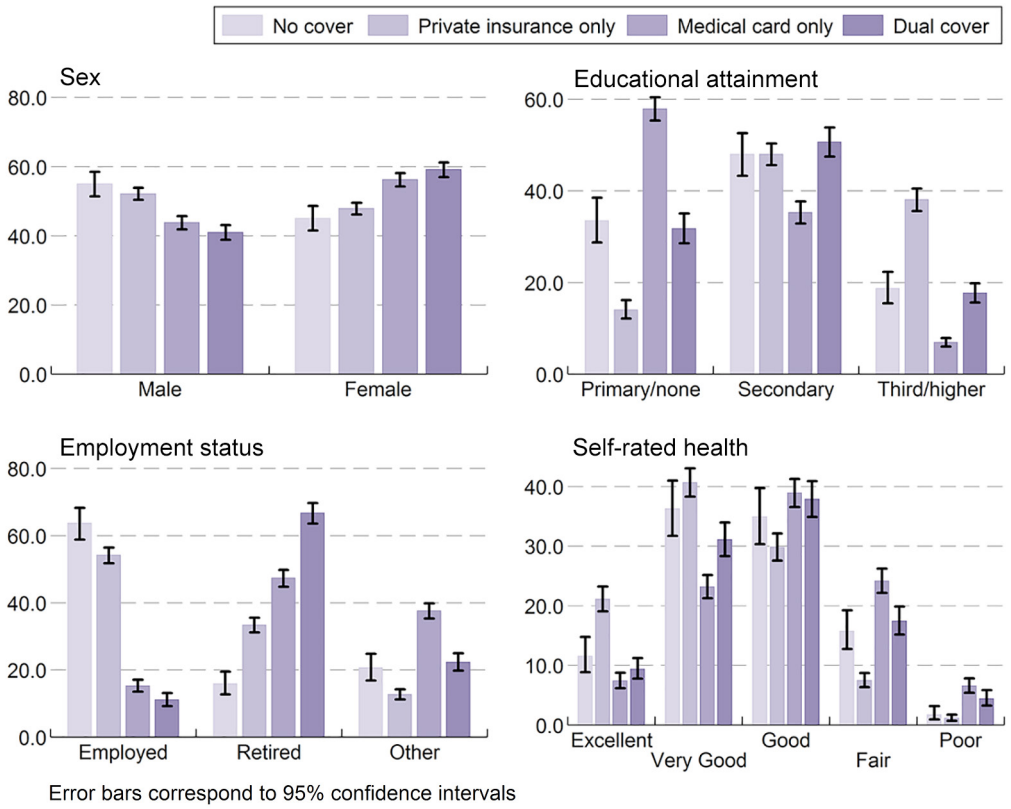
	Total Wave 2 (%)	No cover (Wave 3)	Medical card only (Wave 3)	Private insurance only (Wave 3)	Dual cover (Wave 3)	Number in sample
No cover (Wave 2)	10.0	78.1	16.6	5.1	0.2	603
Medical card only (Wave 2)	29.9	3.4	95.1	0.4	1.0	1,807
Private insurance only (Wave 2)	41.6	1.8	0.8	90.4	7.0	2,513
Dual cover (Wave 2)	18.5	0.5	8.0	16.9	74.6	1,116
Total Wave 3 (%)	100	9.7	31.9	41.4	17.0	6,033

Based on 6,033 individuals who participated in both waves.

Table 3.2 shows that 78.1% of those with 'no cover' in 2012 had 'no cover' in 2014; 16.6% moved to a medical card only; 5.1% moved to PHI only; and 0.2% moved to 'dual cover'

The distribution of social and economic characteristics by healthcare entitlement status is shown in Figure 3.1 and may provide insight into the service utilisation patterns reported in this section. Given that the medical card is primarily awarded based on economic means and age, the patterns in Figure 3.1 are unsurprising. We already know from Table 3.1 that medical card entitlement increases with age. Figure 3.1 shows us that the majority of those with a medical card are women, have primary or no education, are not employed and are more likely to rate their own health as lower than any of the other entitlement groups. In contrast, those with private health insurance (PHI) are more likely to be men, have secondary or higher education, be in current employment and more likely to rate their health as excellent or very good.

Figure 3.1: Characteristics of adults aged 54 years and over in Ireland by healthcare cover



3.3 Private Health Insurance

TILDA asks questions about the type of PHI cover, cost, etc. In 2014, the older population with PHI reported that their PHI policy covers two people at an average annual cost of €1,446 per person. As noted in section 3.2, PHI plans are increasingly offering cover for primary care expenses. Of those with PHI, 18% have partial coverage for GP fees and just 2% are covered in full.

A small number (4%) of those who previously held PHI in 2012 had given up their policies by 2014. For those without PHI but who had it previously, TILDA asked the reason for discontinuing their policy. Of those who dropped their policies, 71% already had a medical card with just 9% gaining a medical card in 2014. Looking at those without PHI but who previously held PHI at some point in the previous five years, 80% cited cost as the main reason for why they had discontinued their insurance.

Table 3.3 shows the share of the private health insurance (PHI) market for each of the 3 main providers of PHI for those aged 54 years and older at 2014. VHI Healthcare remain the dominant provider of PHI to the over 50s, covering 59% of those who have PHI, a figure that is almost treble the nearest competitor, Laya Healthcare at 19%. There is a strong age cohort effect with 78% of those aged 80 years or more holding a policy with VHI Healthcare compared to 52% in those aged 54-59 years. The proportion of respondents with VHI Healthcare plans has declined by 10 percentage points since Wave 1 but overall the percentage of the population with PHI has remained stable.

Table 3.3: Private Health Insurance market share by age (Wave 3, n=3,521)

	LAYA Health %	VHI Healthcare %	Irish Life Health %	Other %
54-59	19.8	51.9	17.1	11.3
60-64	21.6	54.2	15.7	8.6
65-69	23.0	54.7	12.6	9.7
70-79	17.5	64.3	11.7	6.6
80+	9.7	77.5	5.6	7.3
Total	19.2	58.6	13.4	8.8

Irish Life Health previously known as Aviva, Hibernia Healthcare and Vivas Health.

LAYA previously known as Quinn and BUPA.

3.4 Utilisation of primary and secondary healthcare services

The percentage of the older population in Ireland reporting at least one visit in the past year for each of the four main healthcare services (GP, outpatient, emergency department, inpatient hospital) is presented in Table 3.4. For GP and emergency department (ED) visits, there was a significant increase in the proportion of the population visiting at least once between 2012 and 2014. Each service is discussed in more detail in the following subsections.

Table 3.4: Proportion (%) using primary and secondary healthcare services, by age group and healthcare cover

	GP Visit % (95% CI)		Outpatient visit % (95% CI)		Emergency Department (ED) visit % (95% CI)		Hospital Admission % (95% CI)	
	Wave 1	Wave 3	Wave 1	Wave 3	Wave 1	Wave 3	Wave 1	Wave 3
Age Group								
54-59 years	82.0 (80.1-83.8)	87.5 (85.5-89.3)	37.7 (35.5-40.0)	37.3 (34.5-40.2)	16.1 (14.4-18.0)	15.5 (13.6-17.7)	11.4 (9.9-13.0)	9.0 (7.5-10.7)
60-64 years	88.1 (86.1-89.8)	88.4 (86.3-90.2)	42.5 (39.7-45.3)	40.2 (37.2-43.3)	14.5 (12.6-16.6)	17.5 (15.2-20.0)	11.2 (9.5-13.1)	13.0 (11.1-15.2)
65-69 years	90.8 (88.9-92.3)	93.6 (91.9-95.0)	45.8 (42.8-48.8)	47.8 (44.6-51.0)	16.0 (14.0-18.2)	17.3 (15.1-19.7)	15.1 (13.2-17.3)	12.9 (11.1-15.1)
70-79 years	94.6 (93.2-96.7)	95.7 (94.5-96.7)	47.5 (44.7-50.3)	49.9 (47.1-52.6)	17.3 (15.3-19.5)	20.1 (18.0-22.3)	16.6 (14.7-18.7)	18.6 (16.6-20.8)
80+ years	95.0 (92.3-96.7)	93.6 (91.6-95.2)	36.6 (32.4-40.9)	44.8 (41.0-48.6)	15.9 (12.8-19.5)	24.6 (21.7-27.8)	16.3 (13.1-19.9)	25.5 (22.4-28.8)
Healthcare entitlement								
Not covered	75.2 (72.1-78.1)	80.0 (76.1-83.5)	33.0 (29.8-36.4)	34.9 (30.1-39.9)	13.9 (11.6-16.5)	13.1 (10.4- 16.4)	6.0 (4.5-8.0)	7.1 (5.2-9.7)
Private health insurance only	82.5 (80.9-83.9)	88.9 (87.3-90.3)	37.5 (35.5-39.5)	36.6 (34.4-38.9)	12.0 (10.8-13.3)	14.0 (12.4- 15.8)	10.0 (9.0-11.2)	11.0 (9.6-12.5)
Medical/GP visit card only	93.2 (92.0-94.2)	93.9 (92.7-94.9)	43.9 (41.6-46.3)	48.5 (46.1-50.9)	18.6 (17.0-20.4)	22.4 (20.6-24.3)	16.3 (14.9-17.8)	17.3 (15.6-19.0)
Dual cover	95.5 (94.1-96.6)	96.5 (95.2-97.4)	47.6 (44.7-50.5)	49.8 (46.6-53.1)	16.9 (14.9-19.1)	20.9 (18.6-23.5)	17.1 (15.0-19.4)	20.1 (17.8-22.6)
Total	89.0 (88.1-89.8)	91.2 (90.4-92.0)	42.2 (40.7-43.7)	43.3 (41.8-44.7)	16.0 (15.0- 17.0)	18.3 (17.2- 19.4)	13.0 (12.2-13.8)	14.6 (13.6-15.6)

Note: CI = confidence interval

3.4.1 GP visits

Respondents were asked how many times in the past year they visited their GP. Medical card and GP visit cardholders receive GP visits free at the point of use, while the rest of the population must pay the full cost, although as noted in section 3.3, some PHI plans have cover for GP fees (individuals apply for reimbursement after the visit). For the older population in Ireland paying the full cost (i.e. those without a full medical or GP visit card), the average amount paid for the last GP visit has not changed over the last 4 years and was €49.43 (95% CI €48.75 – €50.10) in 2014.

While the majority (89%) of adults aged 50 years and older reported visiting their GP at least once in the past year in 2010, this percentage had increased to 91% by 2014. This was largely accounted for by an increase in those aged 54-59 reporting at least one GP visit, 82% at Wave 1 to 88% at Wave 3 and those with private insurance, increasing from 83% at Wave 1 to 89% at Wave 3. (Table 3.4).

3.4.2 Outpatient Visits

Overall, 2 in 5 of the older population in Ireland reported at least one outpatient visit in the past year, with no change in the last four years. This places outpatient visits as the third most widely used healthcare service after GP visits (89%) and medications (78%). The age gradient in outpatient attendance that peaks in the 70-79 age group has remained similar since 2010. However, there is a significant increase in those aged 80 years or over from 37% to 45%.

3.4.3 Emergency department visits

Respondents were asked how many times in the past year they had visited an Emergency Department (ED). Sixteen percent of the older population had to go to the ED at least once in Wave 1 and this increased to 18% in Wave 3 (Table 3.4). The percentage of the older population aged 80 years and older who attended the ED increased from 16% to 25% in Wave 3. Of those who attended the ED in the 12 months prior to Wave 3, 44% were admitted to hospital on their last ED visit. Almost a third (32%) of the most recent ED visits was for a fall, a faint, collapse or black out.

The only notable change in ED attendance from 2010 to 2014 is the increase in those with a medical or GP visit card from 19% at Wave 1 to 22% at Wave 3 and those aged 80 years or more increasing from 16% to 25% (Table 3.3).

3.4.4 Hospital stays

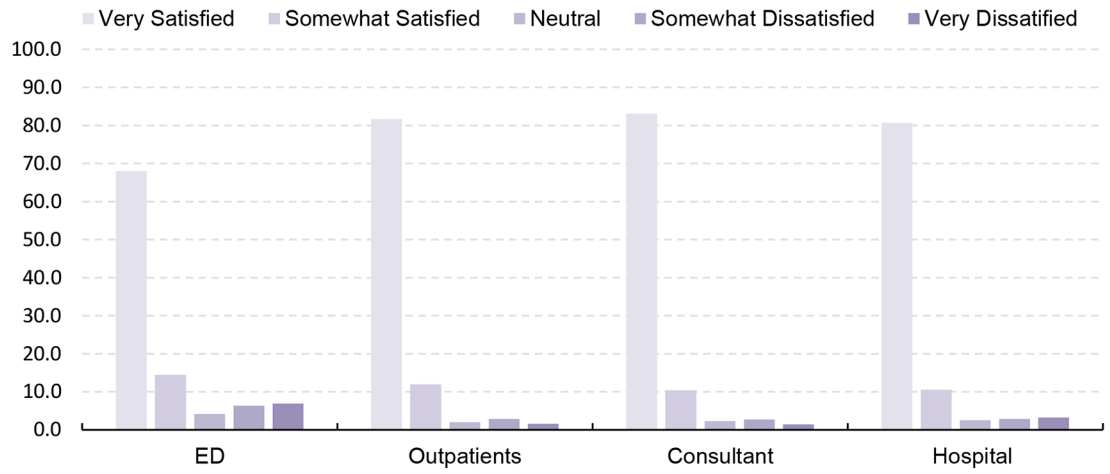
Respondents were asked to recall the number of hospital admissions and the number of nights they stayed in hospital over the last 12 months. All residents in Ireland are entitled to subsidised public hospital care with a co-payment of €75 per night up to a maximum of €750 in 12 consecutive months. Full medical card holders receive free public hospital care. PHI policies cover most care in private and public hospitals, often with an annual excess payable by the policy holder in addition to their insurance premium. For those respondents who spent at least one night in hospital, the average out-of-pocket expenditure was €72.69 per annum in Wave 3.

As illustrated in Table 3.4, while there was no change in the percentage of older adults who spent at least one night in hospital in the previous 12 months the percentage of adults aged 80 years and over increased from 16% in 2010 to 26% in 2014.

3.4.5 Satisfaction with services

The older population in Ireland who attended any private or public emergency department, outpatient clinic, consultant or hospital in the last 12 months were asked how satisfied they were with the last service encounter for each provider. The highest satisfaction was with consultant visits, with 83% reporting that they were very satisfied. The lowest satisfaction was with ED visits at 68% reporting very satisfied (Figure 3.3). Satisfaction rates were similar for all services regardless of type of healthcare entitlement with the exception of hospital services, where 84% of medical card holders reported that they were very satisfied compared to 79% of non-medical card holders.

Figure 3.3: Satisfaction with healthcare services (%)



3.5 Medication use

TILDA records the medications that respondents regularly take including both prescribed and non-prescribed medications, vitamins and supplements. Medication is a common healthcare intervention with 78% of the population aged 54 years and older regularly taking at least one medication. Polypharmacy is the concomitant use of 5 or more medications and is reported by 27% of the population aged 54 years and older in Wave 3. Table 3.5 shows that this proportion has not significantly changed since Wave 2 when 28% of those aged 52 years and older reported taking 5 or more medications. While polypharmacy is associated with an increased risk of drug interactions, it may be necessary for the management of multiple chronic conditions.

Changing patterns in the numbers of medications taken (for respondents who were in both Wave 2 and Wave 3) are shown in Table 3.5. The number of medications taken by the older population in Ireland has been grouped into the following categories of medication use: 0; 1-2; 3-4 and 5 or more medications. Table 3.5 (second column) details the proportions in each category of medication use at Wave 2 and Wave 3 (last row). Overall, medication use remains similar over time, with most older adults either staying in the same group, or moving up or down one medication use category; for example, 71% of those taking no medications in Wave 2 were reported taking no medications in Wave 3. For those who have increased their medication use at Wave 3 the majority have just moved up one group. While 22% of those who were not regularly taking medications at Wave 2 had progressed to taking 1-2 medications, only 2% of those using no medication and 5% of those using 1-2 medications at Wave 2 are in the polypharmacy category (5+ medications)

at Wave 3. Just 8% of those in the polypharmacy category at Wave 2 had transitioned to taking 2 medications or fewer by Wave 3.

Table 3.5: Changes in medication use between Wave 2 and Wave 3

	Total proportion in Wave 2 (%)	0 Medications (Wave 3)	1-2 Medications (Wave 3)	3-4 Medications (Wave 3)	≥5 Medications (Wave 3)	Number in sample
0 Medications (Wave 2)	21.6	70.8	22.2	4.8	2.2	1,302
1-2 Medications (Wave 2)	28.4	16.5	59.1	19.5	5.0	1,712
3-4 Medications (Wave 2)	22.6	5.1	25.6	47.4	21.9	1,362
≥5 Medications (Wave 2)	27.5	1.8	6.6	19.3	72.4	1,657
Total proportion in Wave 3 (%)	100	21.6	29.1	22.6	26.7	6,033

Based on 6,033 individuals who participated in both waves.

The data in this table are interpreted as follows: 70.8% of those with "0 medications" in Wave 1 had "0 medications" in Wave 3; 22.2% moved to a "1-2 medications"; 4.8% moved to "3-7 medications"; and 2.2% moved to "≥5 Medications"

The data show that polypharmacy does not always persist over time with 28% of individuals who were in the polypharmacy category at Wave 2 reducing their medication use by Wave 3. However this is counterbalanced by similar absolute numbers of respondents moving into the polypharmacy category, maintaining a similar level of polypharmacy overall. While polypharmacy is linked to more falls and higher levels of adverse drug events and interactions, it may still be clinically necessary for an individual's treatment regime. It is encouraging that despite the cohort ageing by another 2 years the levels of polypharmacy have remained similar.

3.6 Use of primary prevention and health screening services

Prevention and early detection of disease helps to improve health outcomes and longevity. TILDA asks questions about primary prevention and health screening services. Respondents are asked if they have had a flu vaccination or a blood test for cholesterol since their last TILDA interview[1]. Wave 2 figures correspond to the period 2010-2012 while Wave 3 figures correspond to the period 2012-2014. Women are additionally asked if they have had a mammogram since their last interview or if they check their breasts regularly for lumps while men are asked if they have ever had a prostate exam or a prostate specific antigen (PSA) blood test to screen for prostate cancer. Those who responded in their last interview that they availed of one of these services previously are asked if they have had a repeated test since the last wave. In Wave 3, respondents are also asked if they have had a blood pressure test in the last twelve months and if they have ever had a faecal occult blood test or a colonoscopy to screen for bowel cancer.

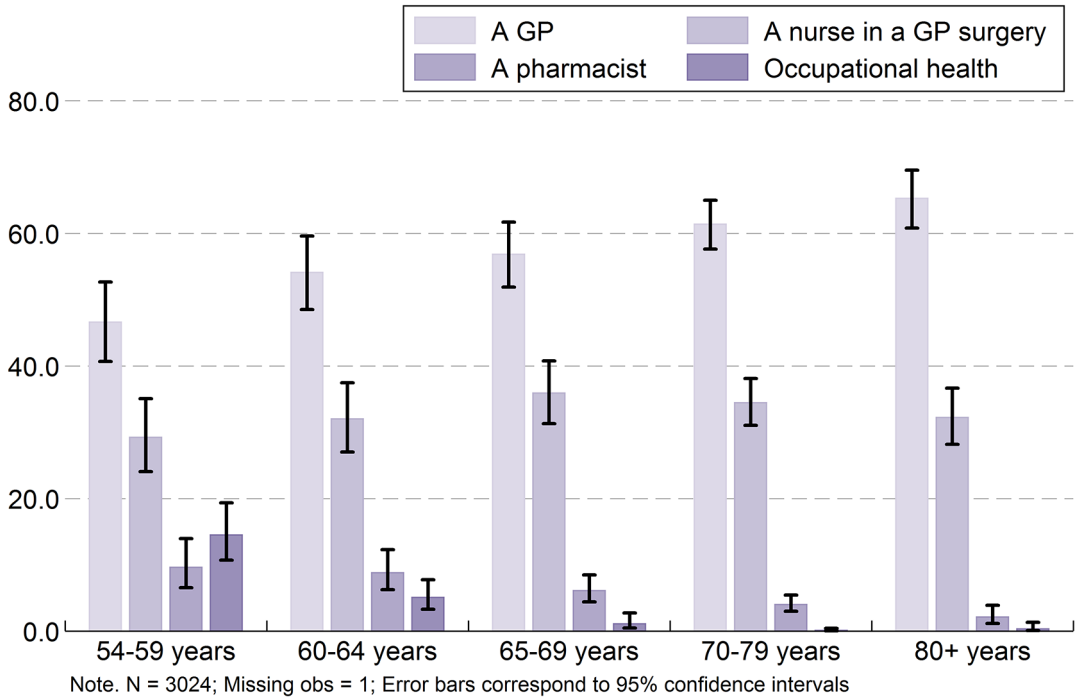
3.6.1 Flu vaccination

The flu vaccination is recommended for all persons aged 65 and over and other at-risk groups including diabetics, pregnant women etc. The vaccination is free for those in recommended groups but the associated professional consultation fee (e.g. GP, nurse, pharmacist, etc.) is only covered for those with a full medical or GP visit card. In Wave 3, 48% of older adults reported that they had received a flu vaccination. Flu vaccination uptake increases with age, which reflects both health advice and the different healthcare cover of the different age groups (Table 3.A2). At Wave 3 just 26% of those with ‘no cover’ received a flu vaccination compared to 58% of those with a full medical or GP visit card and 70% of those with ‘dual cover’ (Table 3.A2).

Most respondents indicated that they received their vaccination from their GP (58%); however compared to older age groups those in the 54-59 year age group, were more likely to receive their vaccine through their pharmacy (10%) or occupational health service (15%). Just 4% of those aged 70-79 and 2% of those aged 80+ years received their vaccination from a pharmacist (Figure 3.4). Those with ‘no cover’ or PHI were more likely to receive their vaccine through their pharmacy or occupational health and less likely to receive it at the GP surgery compared to those with a full medical or GP visit card or ‘dual cover’ (Figure 3.B1).

1 New respondents (n=32) at Wave 3 are asked if they have ‘ever had’ a flu vaccination or blood test for cholesterol.

Figure 3.4: Flu vaccination location, by age group



Note. N = 3024; Missing obs = 1; Error bars correspond to 95% confidence intervals

3.6.2 Cholesterol Testing

High cholesterol is a risk factor for cardiovascular complications. The condition is asymptomatic, indicating a greater need for regular screening especially in the older population who are at higher risk of cardiovascular disease. In Wave 3, 82% of respondents reported that they had a cholesterol test since their last interview (Table 3.A2). Similar to other health screening and prevention services, reporting a cholesterol test was lowest in those with no cover. Between 80-88% of respondents with a Medical/GP visit card, PHI or dual cover have had a recent cholesterol test compared to 72% of those with no cover (Table 3.A2).

3.6.3 Prostate Screening

Prostate cancer is the most common cancer in men and accounts for 31% of all male cancer diagnoses in Ireland (7). Prostate cancer is predominately a disease of older men, with 55% of new diagnoses in those aged 65-84 years and only 9% of cases occurring in men younger than 55 (8). The target population and individual benefits of screening for prostate cancer using a prostate specific antigen (PSA) test is the subject of debate (9). As a consequence, there is currently no national prostate screening programme in place in Ireland (10). In this section, we aggregate PSA test and prostate examination to assess uptake of screening services for prostate cancer as a whole. The majority of older adult men in Ireland (71%) have had a PSA blood test or prostate exam to screen for cancer in the last two years (Table 3.A2). Prostate screening uptake peaks in the 65-69 years old group which is the age group with the highest incidence of prostate cancer (8). In terms of healthcare entitlement status, there are large differences in uptake of PSA tests and prostate examinations with those with PHI only (80%) and dual cover (82%) having substantially higher rates of screening than those with a medical card or GP visit card (60%) or 'no cover' (61%).

3.6.4 Breast cancer screening

Breast cancer is the most common cancer affecting Irish women accounting for 30% of all female cancers (7). At the time of Wave 3, the national breast cancer screening programme (BreastCheck) provided free mammogram checks to women aged 50 to 64 years. BreastCheck is currently being extended and by the end of 2021, all eligible women aged 50 to 69 years will be invited for routine screening. This will be done on a phased basis and will be achieved by inviting women who were aged between 50 and 64 on the 1st January 2016 for mammograms until they reach the age of 69. Mammograms are provided every two years under the programme. Seventy percent of breast cancer occurs in women aged 50 years and older but mortality rates from breast cancer drop substantially for women aged 65 years or older. This may contribute to a decrease in women taking up screening as they age.

At Wave 3, 65% of older adult women reported that they check their breasts for lumps regularly in Wave 3. This proportion has not significantly changed since Wave 2 (63%) (Table 3.A2). There was an age gradient in those reporting breast lump checks. Over 70% of those aged 54-64 years checked their breasts regularly compared to 57% of those aged 70-79 years and 50% of those aged 80 years and older (Table 3.A2).

At Wave 3, 55% of older adult women in Ireland reported that they had a mammogram since their last interview compared to 56% in Wave 2. Although utilisation was lower in the older age groups, 86-88% of women aged 54-64 years (i.e. within the target population) for the BreastCheck screening programme) had a mammogram in the last two years.

Healthcare entitlement status was associated with having a mammogram; those with ‘dual cover’ (29%) and a medical card or GP visit card only (42%) had the lowest rates, while those with PHI only (75%) and ‘no cover’ (77%) reported comparatively higher rates.

3.6.5 Blood pressure test

Previous research from TILDA has found a lack of awareness of high blood pressure in the older population with 45% of those with high blood pressure being unaware of their condition (11). High blood pressure is linked to a number of adverse health outcomes including heart disease, stroke, kidney failure, premature death and disability.

At Wave 3, the majority of older adults (90%) reported that they had their blood pressure measured in the last twelve months. This proportion shows an increasing trend with age from 85% of those aged 54-59 years to 95% of those aged 80 years and older (Table 3.6). Whether the respondent had their blood pressure checked varied by type of healthcare cover with 81% of those with no cover getting checked compared to between 90-95% of those with either a medical card, PHI or both being checked (Table 3.6).

In late 2016, the Irish Heart Foundation launched a mobile health unit that will deliver blood pressure checks for free all year around along with advice on how to manage blood pressure. This service should potentially make blood pressure tests more accessible to the wider population, increasing awareness of high blood pressure.

Table 3.6: Blood pressure check by age group and healthcare entitlement status

	Blood Pressure check	
	%	(95% CI)
54-59 years	84.5	(82.4-86.4)
60-64 years	88.4	(86.2-90.3)
65-69 years	92.2	(90.4-93.7)
70-79 years	94.4	(92.9-95.6)
80+ years	94.9	(92.8-96.4)
Not covered	81.0	(77.4-84.1)
Medical insurance only	90.6	(89.2-91.8)
Medical / GP visit card only	90.0	(88.4-91.4)
Dual cover	95.1	(93.4-96.4)
Total	90.0	(89.1-90.9)

Note: CI = confidence interval

3.6.6 Faecal / Colonoscopy Screening

The risk of bowel cancer increases with age and is the second most common cause of cancer death in Ireland (7). Early detection greatly improves prognosis and screening aims to find the cancer at an early stage before symptoms have developed. The National Screening Programme offers free screening to men and women aged 60-69 years every two years using a faecal immunochemical kit and aims to expand the programme to those aged 55-74 years. Individuals with abnormal results from the faecal test are referred for a colonoscopy, a detailed examination of the inside of the bowel using a camera.

Table 3.6 shows that the uptake of the Faecal Occult Blood Test was low in the older population with 8%. Although the highest uptake was in the 65-69 year age group (20%) (Table 3.7). This is not surprising as screening was only introduced in 2014 during the Wave 3 interview period.

Having a colonoscopy was most common amongst the 65-69 age group (31%) and the 70-79 age group (27%). Similar to the blood pressure test, this was more common in those with PHI compared to those with no cover. Just 5% of respondents had both a Faecal Test and a Colonoscopy; of this group, 7% reported a colon cancer diagnosis.

Table 3.7: Faecal / Colonoscopy screening, by age group and healthcare entitlement status

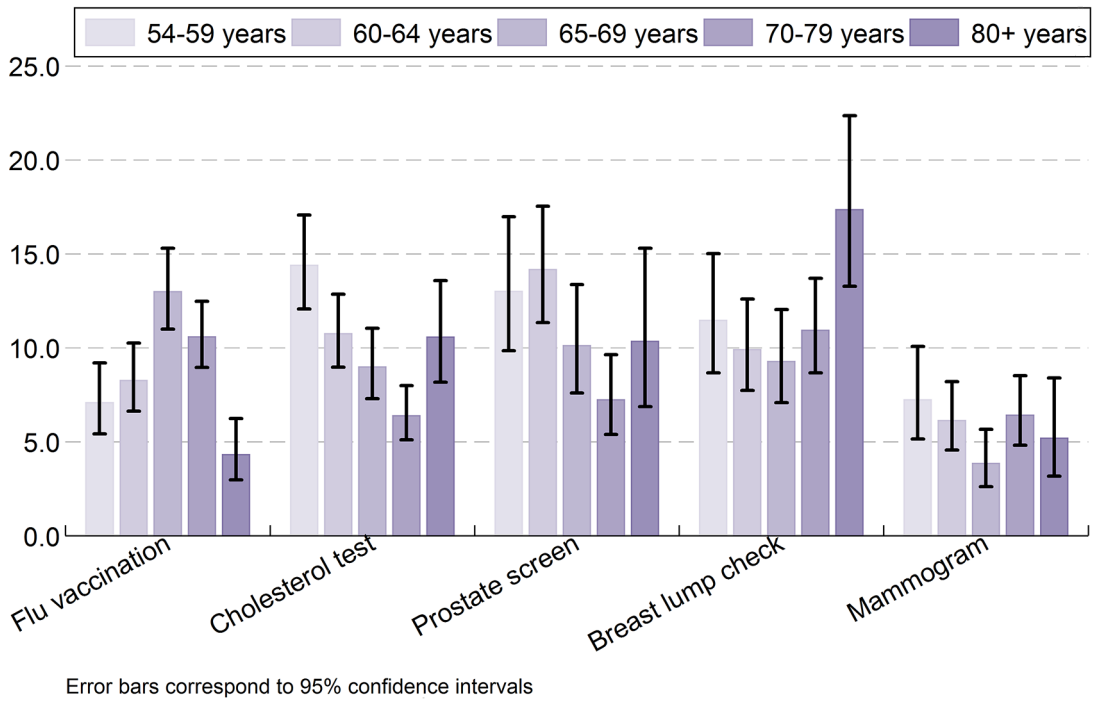
	Faecal Test		Colonoscopy		Both	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
54-59 years	4.4	(3.3-5.9)	18.8	(16.6-21.1)	2.7	(1.9-3.8)
60-64 years	5.8	(4.5-7.5)	20.3	(17.8-22.8)	3.2	(2.3-4.5)
65-69 years	19.7	(17.1-22.5)	31.0	(28.1-33.9)	13.9	(11.6-16.5)
70-79 years	9.2	(7.7-10.9)	26.7	(24.1-29.5)	5.9	(4.8-7.2)
80+ years	1.7	(1.0-2.8)	19.4	(16.3-22.9)	1.1	(0.6-2.1)
Not covered	7.3	(4.7-11.1)	18.1	(14.7-22.4)	4.3	(2.8-6.5)
Private health insurance only	9.5	(8.3-10.9)	25.2	(23.3-27.2)	6.4	(5.4-7.6)
Medical/GP visit card only	6.4	(5.3-7.8)	20.0	(18.2-22.0)	4.1	(3.2-5.2)
Dual cover	8.4	(6.7-10.4)	27.3	(24.3-30.6)	5.2	(3.9-6.8)
Total	8.0	(7.2-8.9)	22.9	(21.7-24.2)	5.2	(4.5-5.9)

3.6.7 Health screening uptake

Respondents who had not used a health screening service at Wave 2 were asked in Wave 3 if they had subsequently used this health. Of the older adults who had not used the respective screening service in 2012, 9% availed of a flu vaccination by 2014, 10% had their cholesterol checked, 11% of men had either a prostate or PSA blood test, 12% of women had checked their breasts for lumps while 6% had a mammogram. For flu vaccinations, uptake was highest in those aged 65 to 69 years while the biggest proportion of uptake in breast checks was amongst women aged 80 years and older (17%) (Figure 3.5).

Uptake of screening services such as these are important for early detection or prevention of health concerns amongst the older population. Additionally, there is a need for regular repeat screening to further improve the potential for identifying risk factors or medical conditions at early stages.

Figure 3.5: Uptake in health screening services at Wave 3 for those who did not avail of screening at Wave 2



Error bars correspond to 95% confidence intervals

3.7 Conclusion

This chapter analysed healthcare utilisation among the older population in Ireland in 2014/2015. Countries differ in the extent to which they provide public coverage for healthcare services, but Ireland is unusual in not providing universal access for primary care services (i.e. access for the full population without user fees). This is reflected in the patterns of public healthcare entitlements observed in the older population in 2014; 56% of the older population had a medical or GP visit card, 32% had private health insurance, while 10% had 'no cover', i.e. only limited entitlements to subsidised public health services. In comparison with 2012, when the TILDA cohort were last interviewed, PHI coverage has increased in the over 70s while medical card coverage has declined. This may in part reflect policy changes in 2013 and 2014 that limited eligibility for medical cards for the over 70s. In 2015, entitlement to a GP visit card was extended to all over 70s regardless of income, reflecting a policy commitment to extend free GP care to older people.

Healthcare utilisation is primarily determined by health need, but the pattern of entitlements to public healthcare is also an important determinant in the Irish context. In general, lower proportions of those with no cover or PHI only visited a GP, outpatient department, ED or hospital in the last year. Age is also an important determinant, with approximately 95 % of adults aged 70 years and older visiting their GP at least once in the previous year. Significant increases in health services (outpatient, ED hospital) utilisation are reported for those aged 80 years or older.

Maintaining and improving population health and well-being is a key goal of Irish health policy, and encouraging increased uptake of primary prevention and screening interventions is a key component of this policy. National screening programmes such as BreastCheck and guidelines in relation to flu vaccination are reflected in patterns of uptake of these services among older adults in Ireland seen in TILDA. Future waves of TILDA will allow for an analysis of the impact of current initiatives such as the National Bowel Screening Programme and the Irish Heart Foundation mobile blood pressure testing units.

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Appendix 3A: Tables on health insurance and healthcare utilisation and screening

Table 3.A1: Medical card and GP Visit Card Income limits, as of Spring 2015

Under 70 years	Medical Card Weekly Rate (net)	GP Visit Card Weekly Rate (net)
Single Person Living Alone		
Aged up to 65 years	€184.00	€276.00
Aged 66 years and over	€201.50	€302.00
Single Person Living with Family		
Aged up to 65 years	€164.00	€246.00
Aged 66 years and over	€173.50	€260.00
Married Couple / Single Parent Families with Dependent Children		
Aged up to 65 years	€266.50	€400.00
Aged 66 and over	€298.00	€447.00
Allowances		
Allowance for first 2 children under 16 years financially dependent on applicant	€38.00	€57.00
For 3rd and subsequent children under 16 years financially dependent on applicant	€41.00	€61.50
Allowance for first 2 children over 16 years financially dependent on applicant	€39.00	€58.50
For 3rd and subsequent children over 16 years financially dependent on applicant	€42.50	€64.00
For a dependant over 16 years who is in full time third level education and not grant aided	€78.00	€117.00
Over 70 years	**Medical Card Weekly Rate (Gross)**	**GP Visit Card Weekly Rate (Gross)**
Single person aged 70 years and over	€500	€700[b]
Married/Co-habiting couple aged 70 years and over	€900	€1,400[b]

Source: Health Service Executive (HSE). Medical Card/G.P. Visit Card National Assessment Guidelines. 2015 (12)

From 5th August 2015, all those over 70 years of age qualify for a GP visit card regardless of income.

Individuals whose weekly income is derived solely from Social Welfare or Health Service Executive allowances which are in excess of the financial guidelines set out in the table will be granted medical cards.

Table 3.A2: Proportion (%) utilising health screening services by age group and healthcare entitlement status (cross-sectional Wave 2 and Wave 3)

	Flu Vaccination				Cholesterol Test				Prostate Screening				Check for Breast Lumps				Mammogram			
	Wave 2		Wave 3		Wave 2		Wave 3		Wave 2		Wave 3		Wave 2		Wave 3		Wave 2		Wave 3	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
54-59 years	26.2	(23.9-28.7)	23.5	(21.2-26.1)	75.2	(72.9-77.3)	77.0	(74.4-79.4)	64.5	(60.8-68.9)	64.3	(60.2-68.2)	68.8	(65.4-72.0)	71.2	(67.6-74.6)	86.2	(83.6-88.4)	87.6	(84.8-90.0)
60-64 years	34.9	(32.1-37.8)	34.5	(31.6-37.7)	82.4	(80.0-84.6)	80.9	(78.3-83.3)	72.5	(68.4-76.2)	72.6	(68.0-76.7)	71.9	(68.3-75.3)	70.8	(66.8-74.5)	83.4	(80.2-86.2)	86.0	(82.7-88.8)
65-69 years	51.7	(48.5-55.0)	49.5	(46.3-52.8)	87.4	(85.1-89.4)	86.6	(84.3-88.6)	81.4	(77.4-84.8)	78.7	(74.6-82.3)	64.8	(60.5-68.8)	67.4	(63.1-71.3)	49.6	(45.5-53.7)	46.8	(42.5-51.2)
70-79 years	74.8	(72.3-77.2)	71.9	(69.4-74.3)	88.8	(86.8-90.4)	86.9	(84.8-88.8)	80.6	(76.7-83.9)	74.2	(70.4-77.7)	55.9	(51.9-59.8)	57.2	(53.2-61.1)	17.7	(14.9-20.8)	16.3	(13.6-19.3)
80+ years	82.4	(79.1-85.3)	80.3	(77.1-83.1)	81.3	(77.6-84.5)	80.5	(77.1-83.5)	72.6	(67.0-77.5)	64.1	(57.9-69.8)	39.7	(34.6-45.2)	49.5	(44.2-54.9)	9.2	(6.6-12.7)	7.9	(5.6-11.0)
Not covered	22.3	(18.5-26.6)	26.3	(22.3-30.6)	68.1	(64.2-71.8)	71.6	(67.6-75.2)	54.8	(48.8-60.7)	60.6	(54.7-66.2)	67.5	(61.5-73.0)	71.2	(64.7-76.8)	78.7	(73.3-83.4)	76.9	(71.5-81.5)
Private health insurance only	33.4	(31.2-35.7)	33.9	(31.7-36.2)	84.4	(82.8-85.9)	84.5	(82.8-86.0)	80.7	(77.9-83.2)	79.5	(76.7-82.0)	67.3	(64.2-70.2)	66.7	(63.6-69.7)	76.7	(74.0-79.1)	74.8	(72.0-77.4)
Medical/GP visit card only	61.5	(59.0-63.9)	58.4	(56.0-60.8)	81.2	(79.3-83.0)	80.0	(77.9-82.0)	66.6	(63.1-70.9)	59.5	(55.5-63.3)	62.2	(59.0-65.2)	64.4	(61.3-67.4)	43.5	(40.3-46.7)	42.3	(39.2-45.5)
Dual cover	69.7	(66.5-72.7)	70.2	(66.9-73.3)	89.1	(86.9-91.0)	88.2	(86.0-90.1)	83.0	(79.1-86.2)	82.1	(77.3-86.1)	56.8	(52.6-60.9)	57.2	(52.8-61.4)	39.8	(35.8-4)	29.3	(25.3-33.6)
Total	49.8	(48.2-51.4)	47.5	(46.0-49.1)	82.4	(81.4-83.5)	82.0	(80.8-83.1)	73.3	(71.3-75.1)	70.8	(68.6-72.9)	63.2	(61.3-65.1)	64.6	(62.7-66.5)	56.3	(54.5-58.2)	54.7	(52.8-56.6)

Note. CI = confidence interval

Appendix 3B: Figures on health insurance and healthcare utilisation and screening

Figure 3.B1: Flu vaccination provider by healthcare entitlement